

will definitely have in the same institution a system whereby unfortunates who might for the time be indigent are pointed out by classification as such.
I feel also that the county would lose control of its institution if the patients in said public institution were permitted to select their own doctors.

Sincerely,
J. C. GEIGER, M. D.,
Director of Public Health.

Concerning a Medical Practice Act Amendment (Senate Bill 155).

Sacramento, April 4, 1935.

To the Editor:—In the March issue of CALIFORNIA AND WESTERN MEDICINE, page 229, in the list of public health bills, under the heading "Proposed Public Health Legislation," appears a comment on Senate Bill 155, amending Section 10 of the Medical Practice Act, which gives a wrong impression of the purposes of the bill. The notation indicates that said bill will lower existing standards. Such is not the case.

This bill is in line with resolutions passed some time ago by the Federation of State Medical Boards of the United States, and we understand supported by the Council on Medical Education and Hospitals of the American Medical Association.

Careful reading of the bill will disclose that graduates of foreign institutions, in addition to presenting documentary evidence of the completion of the required course of instruction in the California Medical Practice Act substantiated by a medical diploma from an approved foreign school and a license to practice medicine issued in the country where said school is located, must also complete a one-year internship in an approved United States hospital, or complete the senior year in an approved medical school located in the United States before said applicant will be eligible to be admitted to a written examination for a license to practice in this State.

The records show a very heavy influx of foreign graduates, who seek to practice in the various states in the Union. Experience indicates the practical impossibility of verifying many of the credentials presented. No information can be obtained from Russia and but little from Germany.

Reports published in the American Medical Association journal of licenses issued in the State of New York indicate a surprising number of foreign licensees admitted to practice in that state on endorsement of credentials only, no examination (unless it may be a knowledge of the English language only) having been required. These same applicants seek entry into California on their New York license so issued; however, they are all denied direct reciprocity because they fail to fulfill the statutory requirements of California's Medical Practice Act. Many file applications for written examination, and then our troubles begin in an endeavor to satisfactorily verify their credentials. This is made more complicated because of the universal European system of spending but a short time, *i. e.*, one or two semesters, in resident study at one institution. The credentials of many applicants from Germany show their claim to have attended at least six medical schools before obtaining the right to practice in that country.

We leave to the decision of the medical profession in California as to whether this legislation should be passed.

Very truly yours,
C. B. PINKHAM, M. D.,
Secretary-Treasurer, State Board of
Medical Examiners.

Concerning change of sailing date in Pan-American cruise.

To the Editor:—Please note important change in ship, time of sailing, and shortening of Pan-American Medical Association's cruise, made necessary by the fact that the steamship *Columbia*, which had been chartered, has been discontinued from cruise service. The officers of the Pan-American Medical Association have

succeeded in chartering the *Queen of Bermuda*, a most luxuriously equipped ship which has a private bath in every room. This, of itself, is a much desired convenience which will be appreciated by every traveling member. Another advantage, in the opinion of many of us, is that the sailing date has been advanced to June 29 from New York, on to Rio de Janeiro via the West Indies, returning August 1. Practically the same itinerary that was contemplated in the original cruise will be carried out.

ALBERT SOILAND,
Member-Governor of Cruise.

Concerning Industrial Accident Commission fee table.

To the Editor:—The following resolution has been unanimously endorsed by the Board of Councilors of the Los Angeles County Medical Association:

WHEREAS, We are advised that the State Compensation Insurance Fund has applied for a hearing before the Industrial Accident Commission for a reduction of 25 to 50 per cent in the fee schedule for professional services rendered industrial accident patients; and

WHEREAS, The fee schedule for professional services is already much below that for similar work in private practice; being in fact so low that the fees granted are really less than they should be when all the responsibilities of the Fund, the workers, and the physicians are honestly taken into account; and

WHEREAS, For the Fund to lower its fee schedule still more would work a gross injustice to physicians who as a class and as individuals are also workers, and who as a class give gratuitous service, which if translated into money values far exceeds that given by any other group to the care of indigent citizens; and

WHEREAS, Actuarial records increasingly show with the passing years that the best investment for the economic administration of an insurance carrier (and that includes the State Fund) is a personnel on the industrial panel of the ablest type of physicians; since through their services there are fewer temporary and permanent disabilities; and

WHEREAS, The organized medical profession of the State as represented by the California Medical Association and its component county societies, is opposed to such a reduction of fees; because to do so will be to the injury of the working men and women of California who come under the jurisdiction of the Workmen's Compensation Act, and be to the detriment and disadvantage of the State Treasury and to the State Fund, and would work a gross injustice upon the members of the medical profession, through whose efficient services much of the past success of the State Compensation Insurance Fund has been due; now, therefore, be it

Resolved, That on behalf of the organized medical profession of California, the Industrial Accident Section of the Los Angeles County Medical Association herewith respectfully requests the Industrial Accident Commission to take no such action as has been proposed by the State Compensation Insurance Fund; and be it further

Resolved, That copies of these resolutions be sent to His Excellency, Governor Frank Merriam, to each of the Fund commissioners, to the manager of the Fund, to the California Medical Association and to each of its component county societies, and to the official publication of the California Medical Association.

March 14, 1935.

INDUSTRIAL ACCIDENT SECTION OF THE LOS ANGELES
COUNTY MEDICAL ASSOCIATION.

By Floyd Thurber, M. D., Secretary.

Concerning communicable diseases.

To the Editor:—The Department of Public Health of the city and county of San Francisco submits the following:

MEETING OF THE ADVISORY COMMITTEE ON ACUTE
ANTERIOR POLIOMYELITIS

At the invitation of the Director of Public Health, a special meeting of the Advisory Committee on acute anterior poliomyelitis was held at the San Francisco Hospital on April 4, 1935, to consider special questions of importance concerning poliomyelitis and other communicable diseases. The following resolutions and recommendations were unanimously adopted:

RESOLUTION ON POLIOMYELITIS VACCINE

WHEREAS, The use of vaccine for the active immunization against poliomyelitis is still in the experimental stage; and

WHEREAS, The duration of immunity, if any, so produced is unknown; and

WHEREAS, The determination of susceptible individuals is impractical with present methods; therefore, be it

Resolved, That the Advisory Poliomyelitis Committee recommends to the Director of Public Health that he take

no active stand favoring the use of this vaccine until its value has been more fully demonstrated.

The committee further recommends that the experimental administration of this vaccine be restricted to properly qualified research institutions. In addition, the committee is not convinced of the harmlessness of preparations containing the living virus of poliomyelitis.

In conclusion, the committee desires to quote from an abstract of an article by Maurice Brodie et al., in *Science*, Vol. 82, No. 2100, March 19, 1935:

"However, the incidence of the disease is so low and the preparation of the vaccine so expensive that its application is limited. It has been found that not only convalescents, but also many normal children, even in the susceptible age group, have antiviral substances in their blood. *Vaccination should be limited to those without any antibody.*" (The italics are ours.)

RECOMMENDATION ON SCARLET FEVER IMMUNIZATION

Despite the rising endemicity of scarlet fever in the city and county of San Francisco, the committee recommends to the Director of Public Health that immunization against scarlet fever should not be approved.

RECOMMENDATION ON PASSIVE IMMUNIZATION AGAINST MEASLES

The committee recognizes the value of whole blood convalescent serum and placental extract as an agent for the passive immunization of maximum six weeks' duration against measles. The committee is of the opinion that it should be administered only in special family or institutional groups or under other extenuating circumstances when indicated in the judgment of the attending physician.

When such preparations are used, the committee again wishes to emphasize that they should be prepared by accredited laboratories and under the standardization of technique formerly laid down by the Department of Public Health for the preparation of poliomyelitis serum.

RECOMMENDATION OF DIPHTHERIA IMMUNIZATION

The committee recommends immunization against diphtheria be done at the age of one year, and further states that this procedure is the responsibility of the physician in charge of the infant at that time.

Respectfully submitted by the committee:

K. F. MEYER, Ph.D.
W. P. LUCAS, M.D.
E. B. SHAW, M.D.
H. K. FABER, M.D.
J. W. WARD, M.D.
I. W. THORNE, M.D.

Approved:

J. C. GEIGER, M.D.,
Director of Public Health.

Concerning diphtheria immunization by physicians in private practice.

To the Editor:—Enclosed is a description of a plan for diphtheria immunization by private physicians to be followed in San Francisco.

On authority from the Director of Public Health.

April 9, 1935.

PAUL S. BARRETT, M.D.,
Director, Bureau of Child Hygiene.

CONTINUOUS CAMPAIGN FOR IMMUNIZATION AGAINST DIPHTHERIA NECESSARY*

A movement of interest to physicians will be announced during the month of April by the May Day Committee of the State and Provincial Health Authorities of North America, together with the American Child Health Association, as the May Day-Child Health Day Project for 1935. A determined effort will be launched to promote diphtheria immunization. According to notifications sent to national health organizations and to the press, the objective was chosen because there has been no reduction since 1930 in the number of deaths from diphtheria throughout the United States. Some states have accomplished a notable reduction in the number of deaths; therefore it must follow that others have suffered increases. This means that diphtheria immunization in the United States has not been uniformly and consistently applied. The committee announces its belief that immunization should be the work of the private physician. State health officers will be asked to send a communication to each physician in the State urging (1) that he remind his patients who have children under school age of the need for immunization, (2) that he ask his patients to bring their children to be immunized, and (3) that he make it a routine of his practice in the future to immunize during the first year of life all babies under his care. The medical profession, which has never been enthusiastic about sporadic health drives, may well support this effort, which uses May Day merely as a taking-off place and a means of attracting the attention of the public. The objective of the plan is to immunize all children between the ages of six months and six years and to maintain this as a continuing service. It is hoped that coöperation will be developed in the states between the

department of public health and the medical profession, since both agencies are necessary for the success of any community plan for diphtheria control. The Board of Trustees of the American Medical Association, on request of the American Child Health Association, urges physicians to assist and coöperate in this plan.

To the Physicians of San Francisco:—Last year the County Medical Society and the Department of Public Health inaugurated a campaign to encourage immunization of children by the private physician. The approach last year through publicity and pamphlets was to the public at large. The above editorial points out a fact which has been repeatedly called to the attention of the physicians that the responsibility for getting the work done rests with the physician himself. In other words, every physician doing this work must mention immunization to parents whenever a contact is made.

Not infrequently physicians are fearful lest their motives in urging immunization be considered of a mercenary nature. While public health education should never be considered commercial, it would seem advisable to protect the private physician from the possibility of such a criticism. The Director of Public Health, therefore, is pleased to approach the public through the physician himself. To this end a certificate as illustrated will be issued to physicians desiring to assist in the immunization campaign for display in their offices. In addition, copies of the accompanying letter will be delivered to physicians upon their request, to be sent out to bona fide patients of the physicians themselves.

It is hoped by this method to continue the campaign of education which was started last year to put immunization where it rightfully belongs—in the office of the privately practicing physician. It is requested, however, that only such physicians who actually intend to do immunization work shall request these letters and certificate.

With the opening of schools in August, the same publicity will be given to the subject of immunization as last year, both by the distribution of pamphlets by the Department of Public Health and by radio and other publicity by the County Medical Society. In the meantime, much may be accomplished toward establishing a continuous campaign of immunization by the medical profession.

To Parents and Guardians:—Your child has reached the age at which he should be protected from diphtheria. The records of your physician do not show that this has been done. Accordingly I am requesting him to send this letter to you in order that you may not lose valuable time, but take the first opportunity to protect your child against this disease.

Your physician, who is sending you this letter from me, is prepared to do the immunization work, and I personally urge upon you the necessity of attending to this beneficial procedure without delay.

This is to certify that _____, M. D., has enrolled in the National Diphtheria Immunization Campaign, beginning May 1, 1935, and, as an agent of the Department of Public Health, is authorized to urge parents of all unimmunized children to have the protective inoculations given by him.

[Seal]

J. C. GEIGER, M. D.,
Director of Public Health.

Concerning misbranded bread.

To the Editor:—I am enclosing for your information a copy of an executive order issued by Doctor Geiger re the sale and distribution of breads labeled as possessing laxative properties.

T. P. LYDON,
Chief, Bureau of Food and Milk.

EXECUTIVE ORDER NO. 107

The manufacture, sale and distribution of bread and other bakery products so labeled as to indicate that the use of such products relieves constipation, or that said products possess laxative qualities, is hereby prohibited in this city and county.

Labeling of this character is in distinct violation of Section 5, Ordinance No. 1426 of the City and County of San Francisco, relative to misbranding and mislabeling of articles of food and drink. Statements of the type noted above are misleading and false; and, therefore, the use of such statements in the labeling of food products constitutes a violation of this section of the ordinance.

Manufacturers of bread and other bakery products are, therefore, accordingly directed to discontinue immediately the manufacture, sale and distribution of such products so labeled.

This order is in full force and effect March 29, 1935.

J. C. GEIGER, M. D.,
Director of Public Health.

* Editorial in *The Journal of the American Medical Association* for March 16, 1935.